

# Volunteer Screening

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*Thank you for your interest in volunteering at the VA St. Louis Health Care System. We ask that due to the time and cost of processing a new volunteer, you are willing and able to commit to providing 100 hours of volunteer service during your first six months.*

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Phone Number:** (\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_

**How were you referred to us for volunteering?**

\_\_\_\_\_

**Have you been hospitalized in the last six (6) months?** Y or N

**Are you a Veteran?** Y or N

**Is this court ordered community service?** Y or N

**If yes how many hours need to be completed?** \_\_\_\_\_

**Have you been convicted of a felony in the last 10 years?** Y or N

**Is this to complete school requirements?** Y or N

**If yes, how many hours need to be completed?** \_\_\_\_\_

**What schools are you affiliated with?** \_\_\_\_\_

**Are you over 18 years of age?** Y or N

**Are you under 14 years of age?** Y or N

**What division do you wish to volunteer?** JB (South County) or JC (On Grand)

**Do you have an assignment in mind?** Y or N

**If yes, what is it?** \_\_\_\_\_